

INDEX

CHAPTER SECTION

A

| | | |
|--|---|------------|
| Accommodation Of Discounts Under Provider Reimbursement Methods | 1 | 2 |
| Allowable Charges | | |
| CHAMPUS Maximum Allowable Charges (CMAC) | 5 | 3 |
| Non-Network Providers | 5 | 1 |
| Ambulance Services | 1 | 14 |
| | 8 | Addendum F |
| Ambulatory Surgery Procedures | | |
| On Or After 11/01/2003 | 9 | Addendum B |
| On Or Before 11/01/2003 | 9 | Addendum A |
| Ambulatory Surgical Center Reimbursement For All Services Prior To November 1, 2006 And Thereafter, For Services Not Otherwise Reimbursed Under Hospital OPPS | 9 | 1 |
| Anesthesia | 1 | 9 |
| Assistant Surgeons | 1 | 17 |

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

| INDEX | CHAPTER | SECTION |
|---|---------|------------|
| B | | |
| Benefits And Beneficiary Payments Under The TRICARE Program | 2 | Addendum A |
| Birthing Center Rate Non-Professional Component | 10 | Addendum A |
| Reimbursement For All Services Prior To November 1, 2006 And Thereafter, For Services Not Otherwise Reimbursed Under Hospital OPPS | 10 | 1 |
| Bonus Payments In Health Professional Shortage Areas (HPSA) And In Physician Scarcity Areas (PSA) | 1 | 33 |

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

| INDEX | CHAPTER | SECTION |
|--|---------|------------|
| <hr/> | | |
| C | | |
| Catastrophic Loss Protection | 2 | 2 |
| Charges For Provider Administrative Expenses | 1 | 19 |
| Claims Auditing Software | 1 | 3 |
| Consolidated Billing | 8 | Addendum F |
| Cost-Shares And Deductibles | 2 | 1 |

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

| INDEX | CHAPTER | SECTION |
|---|---------|------------|
| D | | |
| Discounts | 3 | 3 |
| Double Coverage | 4 | 1 |
| Coordination Of Benefits | 4 | 3 |
| Review And Processing Of Claims | 4 | 2 |
| Specific Double Coverage Actions | 4 | 4 |
| Durable Medical Equipment | | |
| Prosthetics, Orthotics, And Supplies (DMEPOS) | 1 | 11 |
| Rental vs. Purchase Of DME | 1 | Addendum B |

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

INDEX

CHAPTER

SECTION

E

Economic Interest In Connection With Mental
Health Admissions

1

8

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

INDEX

CHAPTER SECTION

F

| | | |
|--|----|------------|
| Freestanding Ambulatory Surgical Center Reimbursement | 9 | 1 |
| Freestanding Birthing Center Reimbursement | 10 | 1 |
| Freestanding Psychiatric Partial Hospitalization Program | | |
| Maximum Rates (FY2004 - FY2006) | 7 | Addendum B |
| Reimbursement | 7 | 2 |

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

| INDEX | CHAPTER | SECTION |
|---|---------|-------------------|
| H | | |
| Health Benefit Program Agreement | 6 | Addendum A |
| Home Health Care | | |
| Annual HHA PPS Rate Updates | 12 | Addendum L |
| Annual HHA PPS Wage Index Updates | | |
| FY 2002 | 12 | Addendum M (FY02) |
| FY 2003 | 12 | Addendum M (FY03) |
| CMS Form 485 - Home Health Certification And | | |
| Plan Of Care Data Elements | 12 | Addendum D |
| Coverage And Reimbursement | | |
| Benefits And Conditions For Coverage | 12 | 2 |
| Claims And Billing Submission Under HHA PPS | 12 | 6 |
| General Overview | 12 | 1 |
| Medical Review Requirements | 12 | 8 |
| Pricer Requirements And Logic | 12 | 7 |
| Primary Provider Status And Episodes Of Care | 12 | 5 |
| Prospective Payment Methodology | 12 | 4 |
| Definitions And Acronym Table | 12 | Addendum A |
| Examples Of Claims Submission Under HHAPPS | 12 | Addendum N |
| HAVEN Reference Manual | 12 | Addendum K |
| HIPPS Table For Pricer | 12 | Addendum J |
| Home Health Resource Group (HHRG) Worksheet | 12 | Addendum I |
| ICD9-CM Diagnosis Codes For HHRG Assignment | 12 | Addendum H |
| Non-Routine Supply Codes | 12 | Addendum B |
| OASIS Items Used For Home Health Agency / | | |
| Prospective Payment System | 12 | Addendum G |
| Outcome And Assessment Information Set (OASIS-B1) | 12 | Addendum F |
| Primary Components Of A Home Care Patient | | |
| Assessment | 12 | Addendum E |
| Therapy Codes | 12 | Addendum C |
| Hospice Rate Information | | |
| Crosswalk Of Counties By State for FY 2006 | 11 | Addendum D (FY06) |
| Participation Agreement | 11 | Addendum E |
| Rates For Hospice Care | | |
| FY 2004 | 11 | Addendum A (FY04) |
| FY 2005 | 11 | Addendum A (FY05) |
| FY 2006 | 11 | Addendum A (FY06) |
| Reimbursement For Hospice Wage Indexes | | |
| For Rural Areas | | |
| FY 2004 | 11 | Addendum C (FY04) |
| FY 2005 | 11 | Addendum C (FY05) |
| FY 2006 | 11 | Addendum C (FY06) |

H (Continued)

Hospice Rate Information (Continued)

Reimbursement For Hospice Wage Indexes (Continued)

For Urban Areas

| | | |
|---------|----|-------------------|
| FY 2004 | 11 | Addendum B (FY04) |
| FY 2005 | 11 | Addendum B (FY05) |
| FY 2006 | 11 | Addendum B (FY06) |

Hospice Reimbursement

| | | |
|---|----|---|
| Conditions For Coverage | 11 | 3 |
| Coverage/Benefits | 11 | 2 |
| General Overview | 11 | 1 |
| Guidelines For Payment Of Designated Levels Of Care | 11 | 4 |

Hospital Reimbursement

| | | |
|--|---|----|
| Billed Charges Set Rates | 1 | 21 |
| Other Institutional Reimbursement | 3 | 2 |
| Other Than Billed Charges | 1 | 22 |
| Outpatient Services For All Services Prior To November 1, 2006 And Thereafter, For Services Not Otherwise Reimbursed Under Hospital OPPTS | 1 | 24 |
| Payment When Only SNF Level Of Care Is Required | 1 | 24 |
| Philippines | 1 | 34 |
| TRICARE/CHAMPUS DRG-Based Payment System | | |
| Adjusted Standardized Amounts | 6 | 7 |
| Adjustments To Payment Amounts | 6 | 8 |
| Applicability Of The DRG System | 6 | 4 |
| Basis Of Payment | 6 | 3 |
| Charges To Beneficiaries | 6 | 10 |
| Determination Of Payment Amounts | 6 | 5 |
| DRG Weighting Factors | 6 | 6 |
| General Description Of System | 6 | 2 |
| General | 6 | 1 |
| Information Provided By TMA | 6 | 9 |
| TRICARE/CHAMPUS Inpatient Mental Health | | |
| Per Diem Payment System | 7 | 1 |

| | | |
|------------------------------|---|----|
| Hospital-Based Birthing Room | 1 | 32 |
|------------------------------|---|----|

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

| INDEX | CHAPTER | SECTION |
|--------------------------------|---------|---------|
| I | | |
| Individual Consideration Cases | 5 | 4 |
| Insulin | 1 | 15 |

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

| INDEX | CHAPTER | SECTION |
|--|---------|---------|
| <hr/> | | |
| L | | |
| Laboratory Services | 1 | 13 |
| Legal Obligation To Pay | 1 | 27 |
| Legend Drugs | 1 | 15 |
| Locality-Based Reimbursement Rate Waiver | 5 | 2 |

INDEX

CHAPTER

SECTION

N

| | | |
|--|---|----|
| National Health Service Corps Physicians Of The Public Health Service | 1 | 5 |
| Network Provider Reimbursement | 1 | 1 |
| Newborn Charges | 1 | 31 |
| Nurse Practitioner | 1 | 6 |

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

INDEX

CHAPTER SECTION



| | | |
|--|----|-------------|
| Orthotics | 1 | 11 |
| Outpatient Prospective Payment System (OPPS) - | | |
| Ambulatory Payment Classifications (APCs) | | |
| APCs With Status Indicators, Relative Weights, | | |
| And Payment Rates | 13 | Addendum A |
| Billing And Coding Of Services Under APC Groups | 13 | 2 |
| Claims Submission And Processing Requirements | 13 | 4 |
| Comment Indicators | 13 | Addendum C2 |
| CPT Codes That Are Paid Only As Inpatient Procedures | 13 | Addendum D |
| Determination Of Provider - Based Status For Payment | | |
| Under OPPS | 13 | Addendum E |
| General | 13 | 1 |
| Medical Review Under The OPPS | 13 | 5 |
| Payment Status By HCPCS Code And Related | | |
| Information Calendar Year 2005 | | |
| 0003T - 27356 | 13 | Addendum B1 |
| 27357 - 44111 | 13 | Addendum B2 |
| 44120 - 66982 | 13 | Addendum B3 |
| 66983 - 87492 | 13 | Addendum B4 |
| 87495 - B5000 | 13 | Addendum B5 |
| B5100 - J2400 | 13 | Addendum B6 |
| J2405 - V5364 | 13 | Addendum B7 |
| Payment Status Indicators For Hospital OPPS | 13 | Addendum C1 |
| Prospective Payment Methodology | 13 | 3 |
| Oxygen And Related Supplies | 1 | 12 |

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

| INDEX | CHAPTER | SECTION |
|---|---------|------------|
| P | | |
| Partial Hospitalization Programs (PHPs) | | |
| Freestanding Psychiatric Reimbursement | 7 | 2 |
| Maximum Rates (FY2004 - FY2006) | 7 | Addendum B |
| Psychiatric Reimbursement For All Services Prior To November 1, 2006 And Thereafter, For Services Not Otherwise Reimbursed Under Hospital OPPS | 7 | 2 |
| TRICARE/CHAMPUS Standards For Inpatient Rehabilitation | 7 | Addendum D |
| Participation Agreement | | |
| Hospice Program Services For TRICARE/ CHAMPUS Beneficiaries | 11 | Addendum E |
| Residential Treatment Center (RTC) | 7 | Addendum E |
| Substance Use Disorder Rehabilitation Facility (SUDRF) Services For TRICARE/CHAMPUS Beneficiaries | 7 | Addendum C |
| Payment For Professional/Technical Components Of Diagnostic Services | 5 | 5 |
| Payment Reduction | 3 | 4 |
| Pharmacy Benefits Program - Cost Shares | 2 | Addendum B |
| Physician Assistants | 1 | 6 |
| Point Of Service Option | 2 | 3 |
| Postoperative Pain Management | 1 | 10 |
| Preferred Provider Organization (PPO) Reimbursement | 1 | 25 |
| Professional Services, Obstetrical Care | 1 | 18 |
| Prosthetics | 1 | 11 |
| Psychiatric Hospitals And Units Regional Specific Rates | 7 | Addendum A |

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

| INDEX | CHAPTER | SECTION |
|--|---------|-------------------|
| R | | |
| Reduction Of Payment For Noncompliance With Utilization Review Requirements | 1 | 28 |
| Regional Specific Rates For Psychiatric Hospitals And Units With Low TRICARE Volume | 7 | Addendum A |
| Reimbursement Administration | 3 | 5 |
| Reimbursement In Teaching Setting | 1 | 4 |
| Reimbursement Of Assistant Surgeons | 1 | 17 |
| Birthing Center For All Services Prior To November 1, 2006 And Thereafter, For Services Not Otherwise Reimbursed Under Hospital OPPS | 10 | 1 |
| Covered Services Provided By Individual Health Care Professionals And Other Non-Institutional Health Care Providers | 1 | 7 |
| Emergency Inpatient Admissions To Unauthorized Facilities | 1 | 29 |
| Freestanding Ambulatory Surgical Center | 9 | 1 |
| Freestanding Birthing Center | 10 | 1 |
| Freestanding Psychiatric Partial Hospitalization Program | 7 | 2 |
| Individual Health Care Professionals And Other Non-Institutional Health Care Providers | 3 | 1 |
| Nurse Practitioners | 1 | 6 |
| Physician Assistants | 1 | 6 |
| Prime Travel Expenses | 1 | 30 |
| Psychiatric Partial Hospitalization Program Reimbursement For All Services Prior To November 1, 2006 And Thereafter, For Services Not Otherwise Reimbursed Under Hospital OPPS | 7 | 2 |
| Residential Treatment Center (RTC) | 7 | 4 |
| Substance Use Disorder Rehabilitation Facilities (SUDRF) | 7 | 3 |
| Residential Treatment Center (RTC) For Payment Of Services Provided On Or After 10/01/2003 | 7 | Addendum G (FY04) |
| 10/01/2004 | 7 | Addendum G (FY05) |
| 10/01/2005 | 7 | Addendum G (FY06) |
| Guidelines For The Calculation Of Individual RTC Per Diem Rates | 7 | Addendum F |
| Participation Agreement | 7 | Addendum E |

INDEX

CHAPTER

SECTION

R (Continued)

Residential Treatment Center (RTC) (Continued)
Reimbursement

7

4

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

INDEX

CHAPTER SECTION

S

Skilled Nursing Facility (SNF)

| | | |
|--|---|-------------------|
| Basic Requirements | 8 | Addendum A |
| Case-Mix Adjusted Federal Rates | | |
| Associated Indexes - Rural | | |
| FY 2004 | 8 | Addendum G (FY04) |
| FY 2005 | 8 | Addendum G (FY05) |
| FY 2006 (10/01/2005 - 12/31/2005) | 8 | Addendum G (FY06) |
| FY 2006 (01/01/2006 - 09/30/2006) | 8 | Addendum G (FY06) |
| Associated Indexes - Urban | | |
| FY 2004 | 8 | Addendum G (FY04) |
| FY 2005 | 8 | Addendum G (FY05) |
| FY 2006 (10/01/2005 - 12/31/2005) | 8 | Addendum G (FY06) |
| FY 2006 (01/01/2006 - 09/30/2006) | 8 | Addendum G (FY06) |
| Labor And Non-Labor Component - Rural | | |
| FY 2004 | 8 | Addendum G (FY04) |
| FY 2005 | 8 | Addendum G (FY05) |
| FY 2006 (10/01/2005 - 12/31/2005) | 8 | Addendum G (FY06) |
| FY 2006 (01/01/2006 - 09/30/2006) | 8 | Addendum G (FY06) |
| Labor And Non-Labor Component - Urban | | |
| FY 2004 | 8 | Addendum G (FY04) |
| FY 2005 | 8 | Addendum G (FY05) |
| FY 2006 (10/01/2005 - 12/31/2005) | 8 | Addendum G (FY06) |
| FY 2006 (01/01/2006 - 09/30/2006) | 8 | Addendum G (FY06) |
| Criteria For Skilled Services And The Need For Skilled Services | 8 | Addendum B |
| Fact Sheet Regarding Consolidated Billing And Ambulance Services | 8 | Addendum F |
| General Explanation Of The Major Categories For SNF Consolidated Billing | 8 | Addendum E |
| Illustration Of Per Diem Rate Calculations For SNF | | |
| FY 2004 | 8 | Addendum D (FY04) |
| FY 2005 | 8 | Addendum D (FY05) |
| FY 2006 | 8 | Addendum D (FY06) |
| Letter To Skilled Nursing Facility (SNF) RE New Participation Agreement | 8 | Addendum J |
| Prospective Payment System (PPS) | 8 | 2 |
| Reimbursement | 8 | 1 |
| RUG-44 Category (RUG-III Before January 1, 2006) | 8 | Addendum C |
| RUG-53 Category (RUG-III Effective January 1, 2006) | 8 | Addendum C |
| Wage Indexes | | |
| Rural Areas | | |
| FY 2004 | 8 | Addendum I (FY04) |
| FY 2005 | 8 | Addendum I (FY05) |
| Transition Wage Indexes (Rural and Urban Areas) | | |
| FY 2006 | 8 | Addendum H (FY06) |

S (Continued)

Skilled Nursing Facility (SNF) (Continued)

Wage Indexes (Continued)

Urban Areas

| | | |
|-----------------------------------|---|-------------------|
| FY 2004 | 8 | Addendum H (FY04) |
| FY 2005 (01/01/2005 - 09/30/2005) | 8 | Addendum H (FY05) |
| FY 2005 (10/01/2004 - 09/30/2005) | 8 | Addendum H (FY05) |
| FY 2005 | 8 | Addendum H (FY05) |

State Agency Billing

1 20

Sample State Agency Billing Agreement

1 Addendum A

Substance Use Disorder Rehabilitation Facilities (SUDRFs)

Reimbursement

7 3

TRICARE/CHAMPUS Standards For Inpatient

Rehabilitation

7 Addendum D

Supplemental Insurance

1 26

Surgery

1 16

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

INDEX

CHAPTER SECTION

T

TRICARE/CHAMPUS DRG-Based Payment System

Adjusted Standardized Amounts

| | | |
|---------|---|-------------------|
| FY 2004 | 6 | Addendum B (FY04) |
| FY 2005 | 6 | Addendum B (FY05) |
| FY 2006 | 6 | Addendum B (FY06) |

DRG Weights

| | | |
|---------|---|-------------------|
| FY 2004 | 6 | Addendum C (FY04) |
| FY 2005 | 6 | Addendum C (FY05) |
| FY 2006 | 6 | Addendum C (FY06) |

TRICARE-Approved Ambulatory Surgery Procedures

| | | |
|-------------------------|---|------------|
| On Or After 11/01/2003 | 9 | Addendum B |
| On Or Before 10/31/2003 | 9 | Addendum A |